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APPLICANTS

James E. Aston, Morrisville, NC;
 Haley L. Gray, Cary, NC;
 Durga D. Mannaru, Raleigh, NC;

** CONTINUING DATA ***** *None, MHD*

** FOREIGN APPLICATIONS ***** *None, MHD*

IF REQUIRED, FOREIGN FILING LICENSE GRANTED **

08/18/2004

Foreign Priority claimed	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR COUNTRY NC	SHEETS DRAWING 6	TOTAL CLAIMS 44	INDEPENDENT CLAIMS 5
35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance				
Verified and Acknowledged	<i>MHD</i> Examiner's Signature <i>MHD</i> Initials				

ADDRESS

44870

TITLE

METHOD AND SYSTEM TO PROTECT A FILE SYSTEM FROM VIRAL INFECTIONS

FILING FEE RECEIVED 1374	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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